

# Correspondence

The Editorial Board will be pleased to receive and consider for publication correspondence containing information of interest to physicians or commenting on issues of the day. Letters ordinarily should not exceed 600 words, and must be typewritten, double-spaced and submitted in duplicate (the original typescript and one copy). Authors will be given an opportunity to review any substantial editing or abridgement before publication.

## Thrombocytopenia in Colorado Tick Fever

TO THE EDITOR: I want to point out an important error that appeared in the otherwise excellent article "Successful Treatment of Rocky Mountain 'Spotless' Fever" by Ramsey and Press in January 1984.<sup>1</sup> In the legend comparing Rocky Mountain spotted fever, relapsing fever and Colorado tick fever, the authors indicated that thrombocytopenia is found in Rocky Mountain spotted fever and relapsing fever but not in Colorado tick fever.

In the *Archives of Internal Medicine*, April 1962,<sup>2</sup> I reported a case of thrombocytopenia in Colorado tick fever. Indeed, it was pointed out that this used to be a differentiating point between Rocky Mountain spotted fever and Colorado tick fever. The case I studied was serologically proved to be Colorado tick fever. Definite thrombocytopenia appeared which remitted after recovery from the disease. Indeed, I made the point at the time that thrombocytopenia is probably a regular recurring event in most viral diseases, even usual childhood diseases. Usually one does not do platelet counts unless symptomatic bleeding or petechiae occur. These are not likely to occur unless the platelet count goes below 50,000 per  $\mu$ l but indeed mild to moderate thrombocytopenia probably occurs if it is looked for regularly in most viral diseases. I indicated that it would not be unusual, therefore, to find thrombocytopenia occasionally in Colorado tick fever. Indeed, in my case report thrombocytopenia was substantial. Thrombocytopenia cannot be used as a differential point between Rocky Mountain spotted fever and Colorado tick fever and that implication in Table 1 of the article by Ramsey and Press is, therefore, inaccurate. It should be corrected.

ALVIN MARKOVITZ, MD  
Associate Clinical Professor  
of Medicine  
USC School of Medicine  
Los Angeles

### REFERENCES

1. Ramsey PG, Press OW: Successful treatment of Rocky Mountain 'spotless' fever. *West J Med* 1984 Jan; 140:94-96
2. Markovitz A: Thrombocytopenia in Colorado tick fever. *Arch Intern Med* 1962 Apr; 139:307-308

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## Drs Ramsey and Press Reply

TO THE EDITOR: We agree with Dr Markovitz that thrombocytopenia may develop in patients with Colorado tick fever. As Dr Markovitz mentions, mild

thrombocytopenia has been associated with many viral diseases. However, severe thrombocytopenia has not been a feature of Colorado tick fever except in the case reported by Dr Markovitz. In a series of 228 cases of Colorado tick fever, only one patient had petechiae and only five patients were found to have mild thrombocytopenia.<sup>1</sup> In contrast, severe thrombocytopenia associated with petechiae or purpura has been found more frequently in patients with Rocky Mountain spotted fever and relapsing fever.<sup>2,3</sup>

The table in our case report was designed to provide an outline of the clinical features of tick-borne infections in the western United States. Our intent was to present the characteristic laboratory findings for each infection. Leukopenia is a frequent finding in patients with Colorado tick fever but thrombocytopenia has been reported only rarely. However, we agree with Dr Markovitz that the finding of thrombocytopenia does not eliminate the possibility of Colorado tick fever in a patient with a tick-borne infection.

PAUL G. RAMSEY, MD  
Assistant Professor  
Department of Medicine

OLIVER W. PRESS, MD, PhD  
Acting Instructor  
Department of Medicine  
University of Washington  
School of Medicine  
Seattle

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1. Goodpasture HC, Poland JD, Francy DB, et al: Colorado tick fever: Clinical, epidemiologic, and laboratory aspects of 228 cases in Colorado in 1973-1974. *Ann Intern Med* 1978 Mar; 88:303-310
2. Woodward WE, Hornick RB: *Rickettsia rickettsii* (Rocky Mountain spotted fever). In Mandell GL, Douglas RG, Bennett JE (Eds): *Principles and Practice of Infectious Diseases*. New York, John Wiley, 1979, pp 1508-1514
3. Fihn S, Larson EB: Tick-borne relapsing fever in the Pacific Northwest: An underdiagnosed illness? *West J Med* 1980 Sep; 133:203-209

## Surgical Privileges in a Small Hospital

TO THE EDITOR: Hospital (especially surgical) privileges are a significant issue relating to quality of care. As changes in techniques and knowledge occur in medical science and practice, the practice patterns of the individual physicians in the community also change. Assignment of specific privileges based on training, experience and current competence may be a crystal clear issue at the completion of training, but it becomes progressively more turbid with the passage of time to the point of being frankly muddy in a few years.

In my 11½ years in practice in a rural northern